Exhibit 10



17200 E. 10 Mile Rd. Suite 135 Eastpointe, MI 48021 Phone: (586) 279-3200 Fax: (586) 279-3184

goddannann	Physical The	erapy Prescription	, 1
Patients Name:	navan maanaan maa ka k	Dat	· 6/23/10
Diagnosis: 1.	CITL	Steam	
Diagnosis: 2.			
Diagnosis: 3			
Diagnosis: 4			
Evaluate & Treat:	Area:	CTC	Spive
Evaluate & Treat:	Area:		
Evaluate & Treat:	Area:		
Evaluate & Treat:	Area:		
	nes/week Duration	n: 4 weeks Onset	Date:
Precautions:	14-4- O.J.	DO	
Physicians Name:	Martin Qui		
Physicians Signature		Date: 6	12310



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Occupational Therapy Prescription		
Patients Name:		
Diagnosis: 1. Post treumate H.A.		
Diagnosis: 2.		
Diagnosis: 3		
Diagnosis: 4		
Evaluate & Treat: \(\text{Area:} \)		
Evaluate & Treat: Area:		
Evaluate & Treat: Area: /		
Evaluate & Treat: Area:		
Frequency: 3 times/week Duration: 4 weeks Onset Date:		
Precautions:		
Physicians Name: Martin Quiroga, DO		
Physicians Signature: Date: 6/72/10		



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Physical Therapy Prescription
Patients Name: Date 6/23/10
Diagnosis: 1. CTL Sacara
Diagnosis: 2.
Diagnosis: 3
Diagnosis: 4
Evaluate & Treat: Area: CT Spin-Q
Evaluate & Treat: Area:
Frequency: 3 times/week Duration: 4 weeks Onset Date:
Precautions:
Physicians Name: Martin Quiroga, DO
Physicians Signature:Date:Date:



17200 E. 10 Mile Rd. Suite 135 Eastpointe, MI 48021 Phone: (586) 279-3200 Fax: (586) 279-3184

·	Physical Therapy Prescription
Patients Name:_	Date 12 22 IN
Diagnosis: 1.	C/L , the returned.
Diagnosis: 2.	
Diagnosis: 3	
Diagnosis: 4	
Evaluate & Treat:	Area: C/L.
Evaluate & Treat:	Area:
Evaluate & Treat:	Агеа:
Evaluate & Treat:	Area:
Frequency: 3 times/	Week Duration: 4 Weeks Onset Date:
Precautions:	
Physicians Name:	Andrew-Ruden, M.D.
Physicians Signature:	Date: /L////

THE YOU ZULY MISSHY

No. 9224 1. 7 4930



MUNDY PAIN CLINIC

6240 RASHELLE DR. SUITE 103 FLINT, MI 48507 PHONE: 810-232-9800, FAX: \$10-232-7710

Occupational Therapy Frescription
Patients Name. Date 2 8/11
Diagnosis: 1. CUT IM Concur h/
Diagnosis, 2. (P) All dans
Diagnosis: 3
Diagnosis: 4
ρ
Evaluate & Treat Area:
Evaluate & Treat: Area: (P) All
Evaluate & Treat: Area.
Evaluate & Treat: Area:
Prequency: 3 times/weak Duration: 4 Weeks Onset Date.
Precautions:
Physicians NameAndrew Rugen M.D./
Physicians Signamus: Dens: 2/5/11



CHOICE HOUSE CALL

17200 E. 10 Mile Rd. Suite 135

Eastpointe, MI 48021 Phone: (586) 279-3200 Fax: (586) 279-3184

Occupational Therapy P	rescription
Patients Name:	Date2/8/10
Diagnosis: 1. T&L Strawn	
Diagnosis: 2.	
Diagnosis: 3	
Diagnosis: 4	
Evaluate & Treat:	Area: TEL Spine
Evaluate & Treat:	Area:
Evaluate & Treat:	Area:
Evaluate & Treat:	Area:
Frequency: 3 Wh Duration: 4h	Just Date: 1/10/10
Precautions:	
Physicians Name: R. Gunabalan	MD
Physicians Signature: Kruble	Date: 2/8/10



CHOICE HOUSE CALL

17200 E. 10 Mile Rd. Suite 135 Eastpointe, MI 48021 Phone: (586) 279-3200 Fax: (586) 279-3184

Physical Therapy Prescription Patients Name T+ Cshow Diagnosis: 1. Diagnosis: 2. Diagnosis: 3 Diagnosis: 4 Evaluate & Treat: Area: T+ L-30 Evaluate & Treat: Area: Area: Evaluate & Treat: Area: Evaluate & Treat: $\frac{1}{2}$ Duration: $\frac{1}{2}$ Onset Date: 1-6-10Precautions: Physicians Name: Physicians Signature:

*1: 3. Z: 9:354W

1:1783 5:130



MUNDY PAIN CLINIC

6240 RASHELLE DR. SUITE 103 FLINT, MI 48507 PHONE: 810-232-9800, FAX: 810-232-7710

	Occupational Therapy Prescription	
Patients Name:		
Diagnosis: 1.	Corned Disc Co-Co-Co	, polin
Diagnosis: 2	Lisban Pan	
		 ,
Diagnosis: 4.		
Evaluate & Treat	Area:	-
Evaluate & Treat	Area:	_
Evaluate & Treat	Area:	<u>.</u>
Evaluate & Treat	Area:	
frequency:	Duration:_4 Weeks_ On Date: 3/27/11	-
Precautions:		-
Physicians Name:	Wr. Hoban	-
Physicians Signature:	3 4 /24	

739. 3. 2011 91534V

15.783 E 100

Mundy Pain Clinic P.C. 6240 Rashelle Drive, Suite 103 Flint, MI 48507 Phone: 810-232-9800

Phone: 810-232-9800 Fax: 810-232-7710

PHYSICAL THERAPY SCRIPT

Palient's Name:	Date: 5311
Diagnosis: 1. Why lash	neer will
Palient's Name: Diagnosis: 1. Why lash Diagnosis: 2. WBACA Par	C5-7 Disclyn
Diagnosis: 3.	
Diagnosis: 4.	
Evaluate and Treat Area	Near
Evaluate and Treat Area	W Bog
Evaluate and Treat Area	
Evaluate and Treat Area	
Frequency: 3 Duration; 4 Lea	Onset Date: 3/27/11
Precautions:	
Physician's Name: Dr. Hoban	
Physician's Signature:	Date: 5/3/11

Medical Evaluations P.C.

Medical Evaluations, P.C 21411 Civic Center Dr Ste 102 Southfield, Mi 48076 Phone: 248-354-1111 Fax: 248-354-1114

PRESCRIPTION FOR PHYSICAL & OCCUPATIONAL THERAPY

and the second s
Patients Name:Date:Date:
Diagnosis 1: Central Aller
Diagnosis 2: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Diagnosis 3: O West Way
l liagnosis 4:
I valuate and Treat: Area:
E /aluate and Treat; Area: 3
E aluste and Treat: Area:
E reluste and Treat: Area;
O her:
Fraguency: 3200 Duration: 4005 Onset Date:
Prevautions:
Physician's Name: BOUL
Physician's Signature: All Stab